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CONFIRMATION NO. 4913

|                             |                                       |              |                        |                        |
|-----------------------------|---------------------------------------|--------------|------------------------|------------------------|
| SERIAL NUMBER<br>09/909,505 | FILING DATE<br>07/20/2001<br><br>RULE | CLASS<br>600 | GROUP ART UNIT<br>3735 | ATTORNEY<br>DOCKET NO. |
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APPLICANTS

Gilson Woo, Rowland Heights, CA;

\*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 08/939,429 09/26/1997 ABN

*3/11/06*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

*3/11/06*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 08/04/2001

|   |                           |                        |                       |                            |
|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR<br>COUNTRY<br>CA | SHEETS<br>DRAWING<br>2 | TOTAL<br>CLAIMS<br>31 | INDEPENDENT<br>CLAIMS<br>1 |
|---|---------------------------|------------------------|-----------------------|----------------------------|

35 USC 119 (a-d) conditions met  
☐ yes ☒ no ☐ Met after Allowance

Verified and Acknowledged  
 Examiner's Signature: *[Signature]* Initials: *[Initials]*

ADDRESS  
 Gilson Woo  
 41000 North 161 Street East  
 Lake Los Angeles, CA  
 93535

TITLE  
 Treatment of afflictions, ailments and diseases

|                                   |   |  |
|-----------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>517 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
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